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UNCLAS SECTION 01 OF 03 HANOI 002489

SIPDIS

SENSITIVE

FOR M/MED, MCCOY, HODAI, DORSEY;
CA/OCS/ACS/EAP;
M FOR ERIN ROONEY, NAMM;
EAP/EX FOR COOK, KELLY, SHEPPARD, QUINN;
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BANGKOK FOR RMO KEYES
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E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [CASC](#) [TBIO](#) [VM](#)

SUBJECT: VIETNAM - PREPARATIONS FOR POSSIBLE RETURN OF
SARS IN VIETNAM

REF: HANOI 1205 AND PREVIOUS

SUMMARY

1. (U) Summary. In anticipation of the resurgence of SARS, Mission plans to encourage vaccinations against the flu and will continue to promote healthy practices in the work place. Consular Sections at both posts are in the process of a systematic updating, appraisal, and testing of our Warden System. Embassy has re-established a SARS working group, is in direct contact with the CDC SARS working group, and is in contact with the EU SARS working group. On October 21 and 22, the MOH will hold a symposium in Hanoi to make public its "SARS Readiness Plans."

2. (U) Screening procedures at the airports and borders for possible SARS cases currently are lax. Clear policies on medical evacuation in the event of suspected SARS remain the single most critical area of concern in the event of future cases.

End Summary.

MISSION'S PREPARATIONS

3. (U) In anticipation of the resurgence of SARS in country, Mission will encourage all staff to participate in vaccinations in early October against the influenza virus in keeping with M/MED's recommendations. Mission will also provide information on flu immunization to all American citizens in country to encourage vaccination.

4. (U) The Embassy and Consulate General have N95 masks and anti-bacterial hand sanitizer available in all restrooms and by all sinks. The cleaning crews have been instructed in proper and frequent disinfection of all public access area surfaces. Management is in frequent contact with all of the medical service providers in both cities.

5. The Embassy has reestablished a SARS working group whose role will be: to obtain information; coordinate with other embassies, international organizations, and GVN health authorities; communicate with the Department, the RMOs in the region, the AmCham, and with the various elements of the US Mission in Vietnam, including the ConGen HCMC; draft reporting and other cables to the Department; and draft notices and messages to USG employees and Americans resident in Vietnam. Through the CDC Office, Embassy is in direct contact with the CDC SARS working group and maintains close connections with WHO. The CDC Office has also been invited by Vietnam's Ministry of Health (MOH) to participate in strategic planning for SARS. The EU is also establishing a SARS working group. It is unclear at this point whether the US and other non-EU countries will be invited to participate. Even if the US is not invited to participate, Mission will remain in close contact with this working group.

6. (U) Embassy consular section conducted an informal, feedback survey to gauge Amcit satisfaction with our Warden Messages during the spring 2003 SARS outbreak. The general feedback we received indicated that our information dissemination efforts during SARS were well appreciated and helpful. The more information we can provide, the better, many said. One Amcit wrote, "We would like to know what medevac plans/services are available if American citizens are affected by any possible SARS outbreak in the futures. I appreciate the WARDEN system very much."

7. (U) Another Amcit wished for more information regarding the authorized departure of some U.S. Embassy family members. She wrote, "I did find the updates helpful as a

citizen, and it was useful to have the embassy host the town meetings to listen to the community's concerns. What might have been explained more clearly was the rationale behind permitting embassy staff and dependents to leave the country. I realize that was more reflective of the lack of medical facilities than alarm about the spread of SARS in Vietnam, but the message wasn't conveyed in that light and may have caused unintended anxiety. If it should happen again, the daily updates and prevention hints would again be useful."

18. (U) Consular Sections at both posts are in the process of a systematic updating, appraisal, and testing of our Warden System.

19. (U) The EAC will review tripwires established during the last outbreak to review their effectiveness should another outbreak occur.

110. (U) Meetings with the Overseas Security Advisory Councils (OSAC) and the American Chambers of Commerce in Hanoi and Ho Chi Minh City will be held to review lessons learned from the last outbreak and elicit feedback.

MEDEVAC OPTIONS AND RECEIVING COUNTRIES

111. (U) International SOS Vietnam has demonstrated a portable isolation unit that was used to transfer a SARS patient from Penghu island (off the coast of Taiwan) to Taipei. SOS Clinic Manager in HCMC believes that all nations would receive their own citizens and that Australia has stated it would accept patients from any nationality from anywhere in the world. However, SOS states in a press release of May 15, 2003, "Clearly, any movement of SARS patients would require the full co-operation and authorization of all government authorities responsible for Public Health and Civil Aviation in the countries concerned and in the countries where the aircraft would refuel or fly over to reach its destination. Singapore RMO reports there are still no nations in the region who have stated a willingness to accept medically transferred SARS patients" From the Mission perspective, it is uncertain whether this cooperation could be achieved.

112. Clear policies on medical evacuation in the event of suspected SARS remain the single most critical area of concern in the event of future cases. Many details are still unclear, including (a) whether medical evacuation will be generally available, particularly in the event of large scale epidemic; (b) possible evacuation points (e.g., will case-patients be medevac'ed to neighboring countries or to their country of origin?); (c) Which, if any, countries have agreed to accept case-patients?

113. (U) To evacuate an American SARS case to the United States, refueling privileges must be granted. As yet, we have not heard of a place that would grant landing rights for this. Given what Mission has heard about Hawaii's refusal to accept an AmCit diagnosed with SARS who was being medevac'ed from China, we would appreciate the Departments' best estimate of what states might do when asked to admit to their jurisdictions AmCit SARS patients or suspected patients or AmCits returning from countries where SARS has been detected.

LOCAL FACILITIES READINESS

114. (U) A spokesman for the WHO in Hanoi told Embassy they are working with the (MOH) on developing and implementing new strategies to apply in various situations and locations, (e.g., border crossings, hospitals) in the event of a resurgence of SARS.

115. (U) On October 21 and 22, the MOH will hold a symposium in Hanoi to make public its "SARS Readiness Plans." The general feeling in the international medical community is that the GVN would handle any future outbreaks of SARS in a similar fashion as they did the last one. Suspected SARS patients would be required by the government to go to one of the designated isolation hospitals. The National Institute of Clinical Research on Tropical Medicine (NICRTM) at the Bach Mai National Hospital in Hanoi, and the Tropical Medical Hospital in Cholon District in HCMC, were the isolation hospitals in the 2003 epidemic earlier this year. Both hospitals are operating as usual, and currently remain the MOH-designated hospitals for quarantine and treatment of probable SARS cases. However, there are reports that Hanoi is building an isolation facility outside the city limits. More will be reported on this as details become available.

116. (U) The Hanoi French Hospital (only recently reopened after closure during the first SARS epidemic), the Franco-Vietnamese Hospital in HCMC, the International SOS clinics in both cities, and the Hanoi and HCMC Family Medical Practice have protocols in place that would prevent potential SARS patients from infecting other patients at the

clinics (e.g questionnaires, isolation rooms, etc).

17. (U) Border control: The Vietnamese Government purchased thermal imaging machines for international airports and instituted a health check questionnaire. However, how systematically these machines and questionnaires are being used is erratic. It has been noted that these are not always in use in Ho Chi Minh City's Tan Son Nhat airport or Hanoi's Noi Bai airport. The health questionnaire is still issued to incoming passengers but is not required for entry into HCMC, while it is usually required for entry into Hanoi. One must presume that in the case of a new outbreak these measures would be strictly enforced; however, they would not stop the initial entry of a SARS carrier into the country. Vietnam has re-opened borders with China and in late September, Vietnam Airlines will resume SARS-suspended flights to Guangzhou. Other SARS-suspended flights were resumed earlier this summer and most routes are operating at normal or near normal "pre-SARS" frequency.

PORTER